



Indiana Department of Labor

Wage and Hour Division

402 West Washington Street, Room W195
Indianapolis, IN 46204

COMMON CONSTRUCTION WAGE COMPLAINT

(Please complete and return to the above address)

Complainant Name: (must be employee who has worked on the project)	Company Name:
Complainant Address: (include mailing address, city, state & zip code)	Company Address: (include mailing address, city, state & zip code)
Phone Number:	Phone Number:

TYPE OF PROJECT (check one):

_____ Building _____ Street _____ Bridge _____ Sidewalk

_____ Water _____ Sewer Line _____ Utility _____ Other

For the project above, (1) specify name, (2) location and (3) project description:

The project is located in: City _____ County _____

Do you know who is funding this project? (city, county, state, solid waste district, school district)

List the dates you worked on this project:

_____ (date you began work on this project)

_____ (date you ended work on this project)

Indiana law provides for a two (2) year statute of limitation for actions based on wages. If your complaint is close to the (2) year statute, the Indiana Department of Labor may not be able to process your complaint.

What is/was your occupation, trade, or classification:

What is your skill level (please check one)?

☐ Skilled
☐ Semi-Skilled
☐ Unskilled

Give a detailed description of the work you performed on this project, including what type of equipment you used:

Did others perform the same work? _____ If so, who? _____

I was paid \$_____ per _____ hour (attach sample, i.e. copy of pay stub)

Were you paid a different rate of pay for jobs that are not public works? If yes, what was that rate of pay? \$_____ per _____ hour (attach sample, i.e. copy of pay stub)

During the project, I received the following fringe benefits at company expense (check all that apply):

<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Vacation Pay	<input type="checkbox"/> Retirement
<input type="checkbox"/> Paid Days Off (sick, personal, etc.)	<input type="checkbox"/> Meals	<input type="checkbox"/> Lodging
<input type="checkbox"/> Personal Use of Company Vehicle	<input type="checkbox"/> Other (please list)	
<input type="checkbox"/> None		

Were you an apprentice during this project? _____

Are you still employed with this company? _____

Was your employer the general contractor or a subcontractor? _____

If subcontractor, list the name, address and telephone number of the general contractor:

I believe I was not paid in accordance with the Common Construction Wage Scale established for the above mentioned project:

Signature of Complainant

Date

All information given on this form will remain confidential to the extent permitted by law. Your complaint will be expedited in you can provide the following: (1) copy of pay stubs indicating your rate of pay; (2) a copy of the public works scale for this project.

If you worked on more than one project, make a copy of this form and complete for each project. Our office will not be able to investigate your complaint if proper information is not given or if the form is not completed in its entirety. Should you have any questions regarding filing a Common Construction Wage Complaint, please contact the Indiana Department of Labor at 317-232-2655.